

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
BOARD OF DIRECTORS MEETING MINUTES
April 26, 2022 5:30 PM

PRESENT: Kim Wetherhold, Board Chair; Chris Ebner, Board Secretary; Dr. Ralph Kaiser, Board Treasurer; Rick Wyatt; Barb Vanaskie; Josh Warfel; Mark Thompson; Max Houseknecht, CFO; Matt McLaughlin, COO; and Jim Yoxtheimer, President & CEO

PRESENT VIA ZOOM: Austin White; Shantay Hall; Abbey Eschbach; and Pastor Velinda Smith

Excused: Jean Myers

QUORUM MET

I Call to Order, Mission Statement, & Invocation

Kim Wetherhold, Board Chair, called the meeting to order at 5:30 PM, read the mission statement, and offered an invocation.

- **Introduction of New Board Member: Mark Thompson:** Kim introduced the newest board member, Mark Thompson. Mark thanked the directors for the opportunity to serve with them. Each board member introduced themselves and welcomed Mark.

II Mini-Educational Session: Board Training

Kim Wetherhold introduced the mini-educational session indicating the short ten-minute video from NACHC is testament that the Center does a wonderful job keeping on track with all the things required by HRSA. Due to technical difficulties the video was only seen by those present in the Community Room. However, Trudy made sure the video was available for those attending via zoom to view at their convenience.

III CEO Update

a. CEO Report: Jim highlighted the following information from his CEO Report:

- Leadership continued to place a significant emphasis on the challenges associated with the financial gap between forecasted and actual results. Progress has been made. The team has looked at the large federal grant (H8F) to potentially re-budget certain items to maximize a positive financial impact.
- The Center has been working to increase the pharmacy hours and anticipates expanding the hours of operation by nine hours per week.
- The Clinton County satellite project has moved forward with the signing of a formal lease. Management has received preliminary floorplans from the architect and expects to give approval for the final architectural plans and bid documents soon.
- Construction work on the renovations to 431 Hepburn Street has begun and it is expected for the work to be completed ahead of schedule.
- Members of our medical and quality assurance staff have been working with the leadership of the Lycoming County Prison and West Branch Drug and Alcohol Commission to develop a cooperative MAT program for incarcerated individuals. Essentially, through the coordination of West Branch, our MAT providers could

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provide virtual visits to these individuals and write their prescriptions for buprenorphine medications while they are incarcerated. If all the details can be flushed out, this program would represent a win for all parties, and most importantly, these individuals will have the opportunity to begin or continue a substance use disorder program before release.

- Management continues with recruitment efforts. The Center recently hired a nurse practitioner who will join the staff in September. The team recently interviewed a dentist candidate but decided not to extend an offer of employment.
- The Center recently began the lengthy process to pursue a waiver to allow the Center to bill Medicare for telepsychiatry services. The board was reminded that the Center has been prohibited from billing Medicare from the beginning of these services due to a convoluted federal formula that calculated need by county. That formula has recently been successfully challenged in some areas which gives us cause for an optimistic outlook that we perhaps could be successful in this pursuit.
- Patient satisfaction and the survey collection rate has been exceptionally good. For the month of March, 91 patient satisfaction surveys were returned: 40 from medical and 51 from dental. The results were all positive and no outlying identifiers were identified to be addressed. Also, 20 online reviews were collected with a cumulative rating of 4.7/5.
- The quantity of COVID testing and immunizations administered continued to decline this month. The Center has been accommodating about 13 individuals a day for vaccines and 22 for testing. To date, the Center has tested over 10,000 individuals and administered over 16,000 vaccine doses, including about 447 to children between the ages of five and thirteen.

b. Dashboard

- **Balanced Score Card:** Matt reviewed the Balanced Score Card for March. The Finance section showed two departments at or above goal. Patient Experience showed all categories to be above goal. The Quality and Team categories have improved but were not at goal for the month.
- **Operational Indicators:** Matt reviewed the Operational Indicators as reported on the April 2022 Dashboard. The YTD visit comparison shows that visits were 14% over last year's visits but still under this year's budget by 18%. There are action plans in place for improvement. There were 277 new patients seen for the month, which showed continued growth. The turnover rate took a jump from 11.60% to 14.82% which is due to three employees leaving. Each employee was from a different department and no outlying identifiers were noted.

IV Quality Assurance/Quality Improvement Report

a. Clinical Quality Measures: Matt reported that clinical quality metrics look a little different this month and will continue to do so. He indicated the green graph with each metric shows what the goal should be at the end of the calendar year. He highlighted that according to the graph the controlled HTN metric was on the correct path for success by the end of the year. The statin use in patients with diabetes metric has done terrific and was well above goal. The medication reconciliation post discharge metric has done well

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due to the efforts from the Medical Assistants and Nurses with the expanded rooming process. Matt reported that the Center has been struggling with the Weight Assessment for Children & Adolescent metric, largely stemming from two root causes: first, noncompliance of keeping the EPSDT appointments and secondly, when a patient is seen in Express Care, they are not capturing a height, which is an automatic fallout. The team has been working on a solution for the latter difficulty.

b. Quarterly Risk Assessments: Matt reported that there were two risk assessments available for review. The 2021 Q4 assessment showed that 2,581 people were tested for COVID-19 with 393 positive cases. This number decreased in 2022 Q1 with 1,759 people being tested which produced 152 positive cases. The Center purchased handheld devices so staff could better communicate needs to the Security staff in the first quarter of 2022. Expanded rooming was implemented in medical with medication reconciliation assigned to the Medical Assistants and Nurses rooming patients. The target for the medication reconciliation completion by clinical staff is 98%.

c. Credentialing/Recredentialing

- **William Bartlow, M.D.:** Dr. Bartlow joined the River Valley Health and Dental team in 2016 and was presented with the need for his two-year recredentialing approval.

Emily Drick, on behalf of the QA/QI Committee, recommended reappointment of Dr. William Bartlow to the staff of River Valley Health and Dental staff based on their recommendation and the results of the credentialing verification process. In addition, his request for practice privileges were reviewed and found suitable for granting the delineation of privileges as requested.

Motion #1 Dr. Ralph Kaiser made the motion to approve Dr. William Bartlow's reappointment to the medical staff and to grant his privileges at River Valley Health and Dental. Joshua Warfel seconded the motion. The motion passed unanimously.

V Financial Report

a. March 2022 Financial Summary Report: The highlights of the financial report were reviewed for March 2022, as were set forth in the summary provided to the board, which is hereby incorporated for all purposes herein. Max reported that the YTD net gains from operations was \$11,269 and the YTD increase in net assets was \$417,187. Net days in A/R decreased to 26. Days cash on hand decreased to 36.95 which was anticipated based on visit volume. Current ratio increased to 1.75 due to the down payment of the second mobile unit which has become an asset.

Motion #2 Chris Ebner made the motion to approve the financial report for March 2022. Barb Vanaskie seconded the motion. The motion passed unanimously.

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VI Consent Agenda

Board of Directors Meeting Minutes, March 2022; Executive/Finance Committee Meeting Minutes, April 2022; and Quality Assurance/Quality Improvement Committee Meeting Minutes, April 2022

Motion #3 Kim Wetherhold made the motion to approve the Consent Agenda as presented. Pastor Velinda Smith seconded the motion. The motion passed unanimously.

VII Old Business

There was no old business to be brought to the board for discussion.

VIII New Business

a. COVID Travel Testing Fee: Matt proposed to the board a fee for COVID testing for travel purposes or events. He indicated that the percentage of tests performed for this reason has increased. Management has proposed a fee of \$110 per test which is in the 50th – 80th percentile of charges in the service area. Should a patient pay the day of service they would receive a 25% prompt pay discount which would take it to \$82.50. Also, this fee would only be for people who are not a patient of record of the Center. People who are already patients of record would continue to receive this service free of charge. Information will be available on the RVH&DC website and will be conveyed to the patient when they call to make the appointment. It was also noted that we are not the first FQHC to begin billing for this service.

It is required by HRSA for the board to approve all charges and fees. Management requested for the board to approve the COVID travel testing fee for people who are not patients of record.

Motion #4 Rick Wyatt made the motion to approve the fee for COVID Travel Testing for those not a patient of record. Pastor Velinda Smith seconded the motion. The motion passed unanimously.

b. Forms 5A, 5B, 5C, and Hours of Operations: Jim explained that forms 5A, 5B, 5C, and the hours of operation need to be approved by the board. Jim reviewed Form 5A explaining what each column means. The proposed changes were reviewed and explained in detail. He then reviewed Form 5B explaining the changes to the 471 location hours are due to Express Care being open on Saturday mornings. He also reviewed the pending locations for addition and removal. The hours of operation are listed on Form 5B. While reviewing Form 5C Jim indicated that this form reports any other place a service may be performed. It was previously felt that each individual school must be listed for services performed on the mobile unit. It was recently discovered that the word “schools” could be used and would encompass all the schools the Center provides services to, which is why Form 5C went from a three-page document to a one-page document. After discussion and all questions were answered, the board was presented with the following.

Motion #5 Dr. Ralph Kaiser made the motion to approve Form 5A, Form 5B, Form 5C, and the hours of operations as proposed. Chris Ebner seconded the motion. The motion passed unanimously.

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With no further business to be conducted, the meeting was adjourned at 6:41 pm.

Next Meeting: May 25, 2022 @ 5:30 PM Community Room or via Zoom

Signatures:

Kimberly Wetherhold, Board Chair

Christopher Ebner, Board Secretary

Date: